

FORM PTO-1083

**RECEIVED
CENTRAL FAX CENTER****PATENT**

JUN 17 2004

Docket: PD-0436 CIP
Date: June 17, 2004

In re the application of: James D. Holker et al.

Serial No.: 09/779,282

Filed: February 8, 2001

For: IMPROVED ANALYTE SENSOR AND METHOD OF MAKING THE SAME

I hereby certify that this correspondence (total pages: 17) is being facsimile transmitted to the United States Patent and Trademark Office Fax No. (703) 872-9308:

June 17, 2004 Richard K. Yoon 6/17/04
Date of facsimile Applicant, Assignee, or Registered Re. Signature Date

MAIL STOP AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

An Amendment After Final Action along with the associated documents was filed by facsimile on June 10, 2004 in the above-listed application. Due to an error in facsimile number, the transmission is being re-submitted to the Patent Office Central Number today. Included in today's transmission are the following documents:

- Amendment After Final Action Under 37 CFR § 1.116(a) in the above-identified application;
- Attachments A-1 to A-4:
 - Email correspondence between Applicant and Examiner Thissell
- Notice of Appeal from the Examiner to the Board of Patent Appeals and Interferences
- Petition for Extension of Time for one month
- Transmittal of the original facsimile submission on June 10, 2004 with a fax confirmation sheet showing the original facsimile was sent to USPTO facsimile number (703) 306-4520 on June 10, 2004.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	16	MINUS 89	=	-0-	x 9 \$	OR	x 18	\$-0-
INDEP CLAIMS	2	MINUS 3	=	-0-	x 42 \$	OR	x 84	\$-0-
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+135	\$	OR	+270	\$
				TOTAL	\$	OR	TOTAL	\$-0-

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The
"Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on
Col. 1 of a prior amendment or the number of claims originally filed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated
with this communication or credit any overpayment to Deposit Account No. 50-0621.

- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Richard K. Yoon

Richard K. Yoon
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COPY**PATENT**

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I hereby certify that this correspondence (total pages: 14) is being facsimile transmitted to the United States Patent and Trademark Office Fax No. (703) 306-4520:

June 10, 2004 Richard K. Yoon *Richard Yoon* 6/10/04
 Date of facsimile Applicant, Assignee, or Registered Re. Signature Date

MAIL STOP AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

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	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	15	MINUS 89	=	-0-	x 9	\$	OR	x 18
INDEP CLAIMS	2	MINUS 3	=	-0-	x 42	\$	OR	x 84
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+135	\$	OR	+270
					TOTAL	\$	OR	TOTAL

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. 39773282

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed. 01 FC:1252 420.00 DA

02 FC:1401 330.00 DA

[X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0621.

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Respectfully submitted,



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